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SERIAL NUMBER 10/697,684	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 340	GROUP ART UNIT 2612	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/423,206 10/31/2002 *JM*

** FOREIGN APPLICATIONS ***** *JM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/29/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JM</i> Examiner's Signature <i>JM</i> Initials				

ADDRESS

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TITLE

Remotely monitored medical system

FILING FEE RECEIVED 648	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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